

Foster Family Home - Corrective Action Report

Provider ID: 1-509648

Home Name: Roina Dumalag, CNA

Review ID: 1-509648-8

94-889 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/2/2020

Foster Family Home

Required Certificate

[11-800-6]

8.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN

Compliance Manager

Roina Dumalag

Primary Care Giver

10/2/2020

Date

10/02/2020

Date